

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

09/171049

12 OCT 1998

APPLICANT(S)

Regai

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20	/						70						
21		/					71						
22		/					72						
23	/						73						
24		/					74						
25		/					75						
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28		/					78						
29		/					79						
30		/					80						
31		/					81						
32	/						82						
33	/						83						
34	/						84						
35		/					85						
36		/					86						
37		/					87						
38	/						88						
39		/					89						
40		/					90						
41		/					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	34						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						